



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission	25	Application Number	09/785,849
		Filing Date	2/16/2001
		First Named Inventor	Sowa, et al.
		Group Art Unit	2132
		Examiner Name	Stulberger, Cas
		Attorney Docket Number	CM04816H

ENCLOSURES

(check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Response to Restriction Requirement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Valerie M. Davis	Registration No.	50,203
Signature			
Date	April 12, 2005		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Alexandria, VA 20231 on the date listed below:

Typed or printed name	Sheila Mannerino	Date	April 12, 2005
Signature			



DOCKET NO.: CM04816H

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) Sowa, et al. GROUP ART UNIT: 2132
APPLN. NO.: 09/785,849 EXAMINER Stulberger, Cas
FILED: 2/16/2001
TITLE: METHOD AND APPARATUS FOR STORING AND DISTRIBUTIING
ENCRYPTION KEYS

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Sheila Mannerino

Printed Name of Person Mailing Paper

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
Mail Stop Amendment
Alexandria, VA 20231

Sir:

This paper is in response to the restriction requirement in the Office Action mailed 3/23/2005.

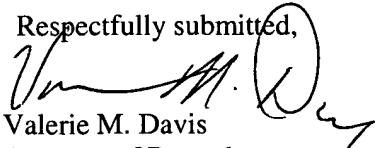
REMARKS

In response to the restriction requirement, Applicant provisionally elects Group I (claims 1 - 22), without traverse.

Listing of the claims begins on page 2.

Reconsideration of this application is respectfully requested.

SEND CORRESPONDENCE TO:
Motorola, Inc.
Intellectual Property Section
Law Department
1303 E. Algonquin Road
Schaumburg, IL 60196

Respectfully submitted,

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